U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Labor Organization File Number Do Holdenit Lane Labor Organization File Number Do Holdenit Lane Street Loo Holdenit Lane City Caithusburg ZIP Code +4 20571-2712 State MJ ZIP Code +4 20571-2712 State DC ZIP Code +4 2008/ A Hold an interest in, engaged in transactions (including leane) with, or denrived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. R. Name and address of Employer (including trade name, if arry). A Hold an interest in, engaged in transactions (including loane) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7. B. Nature of interest, Transaction, or income. Trade Name, if arry: P.O. Box, Bldg Room No., if arry Street ZIP Code +4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signalory and is, to the best of dundersigned in the instructions.)	1. File Number U - 2409		Fiscal Year Covered From:	
Name Po Ann Jackson Name A & SC M & Labor Organization File Number Woo 219 P.O. Box, Bidg., Room No., If any Street Wo			. 1 / 2004 Through: 12 / 31 / 2664	
P.O. Box, Bidg., Room No., if any Street O Holdcolft Lame City Gaithersburg Street (G25 L 51 JUN) City Washington State MJ ZiP Code + 4 20871-2712 State DC City Gaithersburg ZiP Code + 4 20871-2712 State DC ZiP Code + 4 20871-2712 State DC ZiP Code + 4 20871-2712 State DC ZiP Code + 4 20871-2712 Enter appropriate data below if, during the peat fiscal year, you or your spouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including losing) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. S. Name and address of Employer (including trade name, if any). Name 7.a. Nature of interest, Transaction, or income. 3. Namount. 3. Namount. 7. Namount. 8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any ecompanying documents), has been examined by the signalory and is, to the best of the undersigned and belif, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name	and address of person filing.	Name, file number, and address of labor organization.	
P.O. Box, Bidg., Room No., If any Street [OO HoldCitit Care Street G25 L 51: NUX City Carthersburg City Wejhington State PD ZIP Code +4 2011 2712 State PD State Cordinator Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including losns) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any T.B. Amount. 7.b. Amount. 7.b. Amount. 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any ecompanying documents), has been examined by the signatory and is, to the best of bundersigned sin belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Lee Ann Jackson		Name A+SC ME	
Street Loo Holdcript Lane Street G25 L 51. NEW City Caithersburg State M3 ZIP Code +4 20971-7712 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including losne) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 8. Name and address of Employer (including trade name, if any). Name 7.a. Nature of interest, Transaction, or income. 7.b. Amount. 7.b. Amount. 7.c. Amount. 8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned for knowledge and belief, rue, correct, and complete. (See the section on penalties in the instructions.)			Labor Organization File Number	
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Leeka Jacken inteles and in	submi	gnature and verification. The undersigned declares, under penalty of ited in this report (including the information contained in any accompany	of Perjury and other applicable penalties of the law, that all of the information	
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Signed 100 1/5/03 202/429 - 5056	Signe	de Allen Jackon	On 7/5/05 202/429-\$56	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Kiychey NC Trade Name, if any: P.O. Box, Bidg., Room No., If any Street 1225 Sye St. NW City Washing ton State DC ZIP Code + 4 20005 - S918	12.b. Amount. er parts A and B above) y or other thing of value. 14.a. Nature of payment. Restaurant Gift Cards (2) Business Lunches (4)			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$220.59			

File Number U- 2404

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
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City State ZIP Code + 4	12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Kelly Press Trade Name, if any: P.O. Box, Sitig., Room No., if any Street 70) Coin Julia Parkung Branch Drive City Cheverly State M3 ZIP Code + 4 20185-5820				
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment. \$272. 37			